



**Mecklenburg County
Park and Recreation**
*The Natural Place
To Be...*

Community and Recreation Center Services Division
Sports and Fitness Section-Adult Sports
(2017 Kickball Official Rosters/Waiver Form)

2017 SPRING KICKBALL REGISTRATION FORM

TEAM NAME: _____

CAPTAIN NAME: _____ CO-Captain _____

MAILING ADDRESS: _____

PHONE (C): Captain _____ Co-Captain _____

E-MAIL ADDRESS (Captain): _____ Co-Captain _____

Official Roster/Waiver Form

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

NOTE: Please remember that rosters are frozen at game-time. You may add or take away teammates freely up to that point by asking one of our staff members. All Rosters will be kept in the official Kickball Book near the concession area.

I, THE UNDERSIGNED, HEREBY RELEASE AND DISCHARGE THE MECKLENBURG COUNTY PARKS & RECREATION DEPT. (MCPRD), AGENTS, EMPLOYEES, OFFICERS, REFEREES, AND FACILITIES OF THE MCPRD FROM ALL CLAIMS, DEMANDS, ACTIONS, AND JUDGMENTS WHICH I MAY HAVE, OR CLAIM TO HAVE, AGAINST THE MCPRD FOR ALL PERSONAL INJURIES, AND ALL INJURIES TO PROPERTY, BOTH REAL AND PERSONAL, CAUSED BY, OR ARISING OUT OF, PARTICIPATION IN GAMES, OR OTHER LEAGUE/TOURNAMENT SPONSORED FUNCTIONS BY THE MCPRD, IT'S AGENTS, EMPLOYEES, & OFFICERS. I HAVE NO PHYSICAL CONDITION THAT WOULD PREVENT ME FROM PARTICIPATING IN THE LEAGUE/TOURNAMENT SPONSORED BY THE MCPRD. I AM IN GOOD HEALTH AND PHYSICAL CONDITION. I FULLY UNDERST& THE DANGERS INVOLVED IN THIS TYPE EXERCISE, FUNCTION, COMPETITION AND PRACTICE. THE MCPRD RECOMMENDS ALL PARTICIPANTS HAVE A HEALTH PHYSICAL OR CONSULT YOUR DOCTOR IF YOU ARE UNSURE OF YOUR PARTICIPATION IN THIS TYPE ACTIVITY, IT IS THE RESPONSIBILITY OF THE INDIVIDUAL PLAYER OR PARTICIPANT TO MAINTAIN HIS/HER OWN HEALTH AND ACCIDENT INSURANCE. THE MCPRD ACCEPTS NO RESPONSIBILITY IN THIS MATTER. THE MCPRD IS NOT RESPONSIBLE FOR ITEMS LOST/STOLEN; OR PROPERTY DAMAGE.

(ALL PARTICIPANTS MUST SIGN TO BE ELIGIBLE TO PARTICIPATE)

REGISTRATION FEE: \$100.00/TEAM

Certified checks, company checks or money orders preferred. Credit card payments by phone only.

Mail to: Revolution Park Sports Academy 1225 Remount Road Charlotte NC 28208 Attention: Aaron Cheeks

Payable to: MECKLENBURG COUNTY PARK AND RECREATION DEPT. (MCPRD) **REGISTRATION DEADLINE IS**

Friday May 26th 2017 AT 5:00pm!